

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 091311, 918 FILING DATE 5/14/99
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14	/		/				64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18	/		/	/			68						
19		/		/			69						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	17		17				TOTAL DEP.						
TOTAL CLAIMS	20		20				TOTAL CLAIMS						